



## Appendix M Forms

### 2005 Mobilization Plan

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The following forms are found in this section. They are available by contacting your Regional Coordinator or the Emergency Mobilization Section (360) 753-0498 or (360) 753-0565.

<b>Form Name:</b>	<b>Used For / By:</b>
Mobilization Request	Fire Chief to request Mobilization
Regional Resource Availability	Regional Coordinators
Agency Reimbursement Invoice	Agencies seeking reimbursement for personnel
Individual Time Record	Agencies – attaches to Agency Reimbursement Invoice
Expense Claim Invoice	Anyone submitting a claim for expenses
Injury / Exposure Report	Anyone who is injured or exposed to a hazard
Loss/Damaged Equipment	Used to record loss or damage to equipment
Mobilization Manifest	Anyone Responding to a Mobilization
Sample Delegation of Authority	Local Fire Chief
Sample Agency Administrator In-Brief	Local Fire Chief
Model Agreement – For Temporary Employees	Local IAFF and Agency
Sample Resolution for Compensation	Agency
WSP Waiver	Anyone being reimbursed by Mobilization
IRSS / ITS Check In-Form	Anyone responding to a Mobilization
After Action Review	Anyone participating in a Mobilization
Mobilization Common Question Guideline	Anyone participating in a Mobilization



Washington Fire Service Resource  
2005 Mobilization Plan  
Waiver Of Polygraph/Background Check  
Summary Benefits



As a law enforcement agency, many aspects of the Washington State Patrol are confidential. Therefore, successful completion of a polygraph examination and background investigation on all employees is required.

Personnel (who are not reimbursed by their home jurisdiction), but who will be reimbursed by the Washington State Patrol under the State's Fire Mobilization Plan will not be required to take the polygraph examination or background check. However, in order to be considered for future opportunities with the State Patrol in any capacity, you will need to volunteer to take the polygraph examination and background check prior to employment with WSP. Otherwise, your employment with the Washington State Patrol will be limited to the Fire Protection Bureau working as an 'emergency temporary firefighter' under the State's Fire Mobilization Plan.

**WAIVER:**

I hereby waive the background check and polygraph examination required for employment with the Washington State Patrol. I agree to voluntarily take a polygraph examination and submit to a background check before I will be considered for any position with the Washington State Patrol other than as an 'emergency temporary firefighter' under the State's Fire Mobilization Plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Home Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Home Fire District / Department Name

Fire District # \_\_\_\_\_ Resource Order # \_\_\_\_\_

☐ Check here if you are not from a Fire District / Department (Contractor or AD hire).

☐ Check here if you are currently employed by the WSP.

**See back side of this form for a summary of volunteer benefits.**

To receive payment, you must complete both the WSP Waiver and a W-4 (IRS Tax Withholding) for each fire mobilization event. These documents must be submitted with your Emergency Firefighter Time Record to the Finance Section.

Claims submitted without the WSP Waiver or W-4 cannot be processed for payment.

**Washington State Patrol  
Mobilization Section  
PO Box 42600  
Olympia WA 98507**



# Washington Fire Service Resource 2005 Mobilization Plan Waiver Of Polygraph/Background Check Summary Benefits

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Emergency temporary firefighter personnel are mobilized under the Washington State Fire Services Resource Mobilization Plan and placed on the Washington State Patrol's payroll system and paid in accordance with the current Washington – Oregon Interagency Rate Schedule as amended and adopted by the Washington State Association of Fire Chiefs.

Emergency temporary firefighter personnel do NOT receive Washington State:

- Insurance Benefits (exception: industrial insurance through State L&I, see below)
- Retirement
- Vacation Leave
- Sick Leave
- Personal Holiday
- Holidays

Mobilized emergency temporary firefighters are covered by the State Department of Labor and Industries' (L&I) industrial insurance benefits for state fire mobilization related illness, injury, or death. For additional information: <http://www.lni.wa.gov/IPUB/242-104-000.htm> or 1-800-547-8367 (toll free.)

Mobilized emergency temporary firefighters are not eligible for any benefits from the Volunteer Firefighters and Reserve Officers' Relief and Pension Act for work compensated by the state's fire mobilization program. For additional information: <http://www.bvff.wa.gov> or 1-877-753-7318 (toll free.)

Mobilized emergency temporary firefighters personnel may be eligible for the U.S. Department of Justice's Public Safety Officers' Benefits (PSOB) Program. For additional information: <http://www.ojp.usdoj.gov/BJA/html/specprog.htm> or 1-888-744-6513 (toll free.)

**Request #**

## IRSS and ITS Check In

NAME OF EQUIP, ENGINE OR CREW		(OH) NAME LAST	MI.	FIRST	LEADERS NAME
AGENCY: BIA BLM NPS FS WA-DNR US-FWS WFS/RURAL PVT/CONTRACT TRIBAL OTHER					
HOME UNIT NAME & DESIGNATOR	DEMOB CITY	DEMOB ST	JETPORT	TRAVEL METHOD (circle) AOV POV BUS AIR PASS OTHER	
CHECK IN DATE & TIME	WERE YOU REASSIGNED FROM ANOTHER INCIDENT? Y OR NO IF YES: ORIGINAL REQUEST # NAME OF INCIDENT				
DATE OF FIRST DAY OF ASSIGNMENT FOR CALCULATION OF ASSIGNMENT LENGTH	CONFIGURATION	<input type="checkbox"/> Single	<input type="checkbox"/> S/T	<input type="checkbox"/> T/F	KIND/POSITION # OF PERSONNEL
OTHER QUALS:				VEHICLE ID	2 OR 4 WHEEL
EMT'S					

## EQUIPMENT

<b>DOZER: MAKE &amp; MODEL</b> TYPE 1 2 6WAY BLADE? Y N LIGHTS? Y N DO YOU HAVE A LOWBOY W/YOUR EQUIP? Y OR N IS IT STAYING ON THE INCIDENT? Y OR N WATER TENDER TY 1 2 3 4 5 6 PUMP CAPACITY _____ GPM AVAILABLE FOR NIGHT SHIFT/DOUBLE SHIFT? Y N TANK CAPACITY IN GAL: _____ SPREADER BAR? Y N OTHER FEATURES?		<b>OPERATOR NAME:</b>  <b>RELIEF OPERATOR NAME:</b>  PROOF OF FIRE SHELTER TRAINING? Y N AVAILABLE FOR NIGHT SHIFT? Y N  DO YOU HAVE A ROTATION SCHEDULE? Y N	
ENG TYPE 1 2 3 4 5 6 <input type="checkbox"/> WILDLAND <input type="checkbox"/> STRUCTURE <input type="checkbox"/> FOAM CAPABILITY? Y N COMPRESSED AIR FOAM SYS? Y N TANK CAPACITY IN GALLONS: _____ PUMP CAPACITY _____ GPM 4X4 Y N			
SAWYERS: <input type="checkbox"/> CLASS A <input type="checkbox"/> CLASS B <input type="checkbox"/> CLASS C			NUMBER OF SAWS
I (and/or all personnel on this crew) have had fire shelter & entrapment training and have the required PPE (personal protective equipment) or will obtain it before going out on the fire line.			RED CARD? Y or N
Signature indicates the above statement is true			Date of Signature
NAME OF EMERGENCY CONTACT (home agency dispatch center or supervisor):		PHONE NO. OF AGENCY:	FAX NO. OF AGENCY:
Signature indicates the above statement is true			Date of Signature

## FINANCE

CONTRACTOR NAME		IS THIS YOUR FIRST ASSIGNMENT FOR THE CALENDAR YEAR? Y N	
SS# OR EIN#		EQUIPMENT MAKE AND MODEL	
WORK MAILING ADDRESS		CITY	
STATE	ZIP	PHONE	FAX
AD HIRE FORM COPY ATTACHED? Y N IF NO, COMPLETE NEXT LINE			
POINT OF HIRE	AREA	CLASS	RATE
ENTITLED TO TRANSPORTATION TO AND FROM INCIDENT Y N			
PERSONAL VEHICLE USED IN COMPLETION OF DUTIES? (ie. Division Supervisor using personal vehicle for field operations. Y N			
<b>To be completed by Finance</b> <input type="checkbox"/> Employee Information Received and Complete <input type="checkbox"/> Entered into ITS by: _____ (initials) <input type="checkbox"/> Copy of Contract/Agreement		<b>White – Plans</b> <b>Yellow – Finance</b> <b>Pink –</b>	
If Badge Authorizations (authorized to receive cache/supply items) Circle One: ALL ONLY SUPERVISORS If Badge Restrictions (circle all that apply): Laundry Nomex Commissary Medical None			
<b>To be completed by Plans</b> <input type="checkbox"/> Red Card Checked <input type="checkbox"/> Checked in by: _____ (initials) <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Shelter Deployment Training Documentation Checked (Contractors)		<input type="checkbox"/> Demob Information Supplied <input type="checkbox"/> Demob Form Printed <input type="checkbox"/> Entered into IRSS: _____	

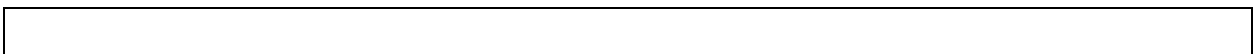




## 2005 Mobilization Plan

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## After Action Review Form

### 2005 Mobilization Plan

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The purpose of the AAR Rollup is to identify both successes and challenges on an incident that can be used as a learning tool for others. The information provided by you will be evaluated by the Fire Defense Committee and action taken on those items that can be improved or changed.

Everyone, (Incident Commanders, Area Commanders, Crews and Single Resources, Agency Administrators), are requested to complete an AAR Rollup for each Mobilization incident they participate in. Don't make others "reinvent the wheel" when you may already have a part of the solution that you could share.

Once completed you can return your After Action Review by:

Fax (360) 570-3136, or

Mail: Washington State Patrol,  
Emergency Mobilization Section,  
PO Box 42600, Olympia WA 98504

or E-mail: [daniel.johnson@wsp.wa.gov](mailto:daniel.johnson@wsp.wa.gov)

What was the most notable success at the incident that others may learn from? (please explain)
What were some of the most difficult challenges faced and how were they overcome? (please explain)



## After Action Review Form

### 2005 Mobilization Plan

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What changes, additions or deletions are recommended to Mobilization Plan?  
(please explain)

What issues were not resolved to your satisfaction and need further review? Based on what was learned, what is your recommendation for resolution?  
(please explain)





## After Action Review Form

### 2005 Mobilization Plan

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## **Mobilization Frequently Asked Question Guide**

### **2005 Mobilization Plan**

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❑ **Who Can Request A Mobilization?**

The authority to request state fire resources mobilization is vested only in the:

- Fire Chief or designee

❑ **When Can I Request A Mobilization?**

Once all local and mutual aid resources have been expended in attempting to stabilize and control an emergency incident and the deployment of additional resources are required.

❑ **When Should I Request A Mobilization?**

If local and mutual aid resources have been at an incident for an extended period of time and in the next 6-12 hours, you aren't expecting to gain control of the incident, and additional resources will be needed to relieve the local resources.

❑ **What Should I Do First?**

1. Step away from the incident and assess what resources you have, determine the risk / threat of loss of life and property you're facing.
2. Contact your Regional Fire Defense Coordinator or alternate. This person will assist you in determining if Mobilization is needed. The Regional Coordinator can assist in completing the C-1 (Mobilization Request Form) and figuring out what resources you will needed immediately.
3. If it is determined that Mobilization is needed, the Regional Coordinator can assist you by sending the request through to the State EMD Duty Officer.

❑ **I've Determined Mobilization Is Needed, Now What?**

1. Expect a phone call from the State Mobilization Coordinator. This person works for the Washington State Patrol and will determine if a Type 2 or Type 3 (Regional) Team is needed.
2. Expect a phone call from the Type 2 or Type 3 Incident Commander. This person will discuss when the transition will take place and ask for more specific fire behavior information.

**STATE EOC: 1-800- 258-5990**

**Questions call your Regional Coordinator**

**WSP Mobilization Section – 360-753-0498**



## **Mobilization Frequently Asked Question Guide**

### **2005 Mobilization Plan**

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#### **❑ I've Determined Mobilization Is Needed, Now What? (Continued)**

3. Assign someone who is detail orientated to complete the following:

- ❑ Establish a Base Area;  
A Base Area needs to be of sufficient size to hold approximately 200 persons and equipment. Have directions available and phone numbers if available. Think of places like schools and fairgrounds, not wide spots in the road.
- ❑ Food; The Mobilization Plan states units will be self sufficient for 72 hours. However if you need food, it is best to locate a restaurant, store, or deli that can prepare sack lunches for personnel currently on the line. By utilizing local resources you can have the food sooner. Remember the first replacement crews can be as far out as 8 hours.
- ❑ Identify all local resources currently assigned to the incident. Will need names, departments and equipment type operated.
- ❑ Operations Support, provide as many as possible
  - ❑ Incident check-in
  - ❑ Staging personnel
  - ❑ Resource Tracking
  - ❑ Communications Coordination
  - ❑ Guides, maps, etc. as required
- ❑ Logistics Support, provide as many as possible
  - ❑ Food
  - ❑ Shelter
  - ❑ Fuel
  - ❑ Emergency Public Information
  - ❑ Other support services as required
- ❑ **Now That I've Requested Mobilization And Have Staff Working On Operations And Logistics, What's Next?**
  - ❑ Depending on the ETA of Team or Mobe Representative may be called to assist you in writing a Delegation of Authority.
  - ❑ Consider the safety of line personnel and the risk posed by the incident. Try to maintain an effective force working on the incident during the transition.

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## **Mobilization Frequently Asked Question Guide**

### **2005 Mobilization Plan**

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- ❑ **The Type 2 Or Type 3 Team Has Arrived And We're Writing A Delegation Of Authority, What Am I Giving Up?**
  - ❑ The Delegation of Authority authorizes the Incident Commander to take control of the incident. You are not giving up control; the team is here to work for you. If you want something, it needs to be included in the Delegation. Example, you want to provide personnel to assist in a structure protection plan, or act as a liaison.
  - ❑ Areas of concern such as burial grounds, historic sites, endangered habitat and farming operations need to be spelled out to be protected or the location of such sites that could cause problems for the team.
- ❑ **The Delegation Of Authority Is Signed, Now What?**
  - ❑ As the Host Agency, you should provide someone to the Incident Management Team to help with local information as needed. This position will be compensated for by the State.
  - ❑ Ensure your concerns are heard by the I/C.
  - ❑ Attend briefings and town hall meetings with the IMT.
- ❑ **Now that the delegation of authority is signed and a team is in place, what can I do?**

As the local fire jurisdiction chief, you still have a responsibility for your community. You or your designee can be assigned to the team as a liaison representing your department to ensure that the community's interests are protected. The liaison can assist in a number of roles such as;

  - Participate in public meetings
  - Prepare a structural protection plan
  - Assist with coordination of evacuations or local resources

Be sure to participate in the after action review conducted by the IMT, and prepare a written evaluation of the IMT and Incident Commanders.

**STATE EOC: 1-800- 258-5990**

**Questions call your Regional Coordinator**

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## **Mobilization Frequently Asked Question Guide**

### **2005 Mobilization Plan**

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